



Northwoods
Interfaith
Caregivers are
Essential

Caregiver Application

Northwoods Interfaith Volunteer Caregivers Program

616 America Ave Suite 170 Bemidji, MN 56601
www.northwoodsnice.org

Cindi Lee Jernigan, Executive Director
(218) 333-8264 or toll free (888) 534-4432
Fax: (218) 333-8263

Missy Thomas, Volunteer Coordinator
(218) 333-8266
Email: nice@paulbunyan.net

Date: _____ **Name** _____

Address _____ Phone (home) _____ (w) _____

City _____ State _____ Zip _____ DOB: _____

Mailing Address (if different) _____ Email _____

Help us find the right Carereceiver for YOU!

Previous Volunteer Experience: _____

Hobbies, interests: _____

Personal Strengths and/or assets: _____

Occupation (Past occupation if retired) _____

Languages Spoken: _____

Circle individual groups you are comfortable working with:

Mentally Ill Developmentally Disabled Physically Challenged
Senior Citizens Children (Ages 1-12 years) Community Events/Fundraising

Preferences (please check all that you are interested in):

Caregiver Support Services

____ Paid Respite Care (Must be a CNA, RN or LPN)
____ Volunteer Respite Care (Up to 4 hours at one time)
____ Homemaking Services
____ Home Modifications

Local Transportation

____ Shopping assistance
____ Medical Appointments

I am available:

____ Mornings (M-F) ____ Afternoons (M-F) ____ Evenings (M-F)
____ Weekends ____ Once a week ____ As needed (On-Call List) ____ Other:

I am allergic to pets: Y/N I am willing to visit a smoker: Y/N I am willing to help: M/F

I prefer to help: _____ any place needed _____ through my congregation (please list below)

Optional Information (may be helpful in making a match, and will also benefit as statistical information):

Race:

_____ White _____ Hispanic _____ Native American _____ African American _____ Other

Religion and congregation: _____

Other Considerations: _____

Emergency Information:

Have valid state driver's license? Y/N Have Vehicle Insurance? Y/N Company: _____

Have you ever been convicted for violation of any laws, traffic or otherwise? Y/N

If yes, please explain: _____

Do you have any physical conditions that may limit your activities? Y/N

If yes, please describe: _____

Emergency Contacts:

Name: _____ Phone: (____) _____

Primary Physician Name: _____ Location: _____

References (Only one family member please):

1. Name: _____ Phone: _____

Address: _____ Relationship: _____

2. Name: _____ Phone: _____

Address: _____ Relationship: _____

3. Name: _____ Phone: _____

Address: _____ Relationship: _____

I hereby give consent for the Northwoods Interfaith Volunteer Caregivers to contact my references, and I will sign a separate form to consent to a routine criminal background check.

Signed: _____ Date: _____

